## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10814464

|  | *                             | Lifectiv                                  | e Decemb                              | J, J, –              |                              |                   |       |            | <u>C</u>                               |       |                   |                        |
|--|-------------------------------|---|---------------------------------------|----------------------|------------------------------|-------------------|-------|------------|--|-------|-------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                               |   |                                       |                      |                              |                   |       | SMALL EN   |  | or    | OTHER<br>SMALL E  |                        |
| TOTAL CLAIMS                                   |                               |   | TOOIGITIE                             |                      |                              |                   | ſ     | RATE .     | FEE                                    | [     | RATE              | FEĘ                    |
|  |                               |   | NUMBER FILED                          |                      | NUMBER EXTRA                 |                   | Ì     | BASIC FEE  | 150.00                                 | OR    | BASIC FEE         | 300.00                 |
| FOR CLANAC                                     |                               |   |                                       |                      | *                            |                   |       | X\$ 25=    |  | OR    | X\$50=            |                        |
| TOTAL CHARGEABLE CLAIMS                        |                               |   | minus 20=                             |                      | *                            |                   |       |            |  | 1 1   | V000              |                        |
| INDEPENDENT CLAIMS                             |                               |   | minus 3 =                             |                      | <u> </u>                     |                   |       | X100=      |  | OR    | X200=             | · '                    |
| MULTIPLE DEPENDENT CLAIM P                     |                               |   | RESENT                                |                      |                              |                   |       | +180=      |  | OR    | +360=             |                        |
| * If the difference in column 1 is             |                               |   | less than zero, enter "0" in column 2 |                      |                              |                   | TOTAL |            | OR                                     | TOTAL |                   |                        |
| CLAIMS AS AMENDED - PART II                    |                               |   |                                       |                      |                              | (Column 3)        |       | SMALLE     | ENTITY                                 | OR    | OTHER<br>SMALL    |                        |
| AMENDMENT                                      | 714100                        | (Column 1) CLAIMS REMAINING AFTER         |                                       | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |       | RATE       | ADDI-<br>TIONAL<br>FEE                 |       | RATE              | ADDI-<br>TIONAL<br>FEE |
| OME  | Total                         | * 12                                      | Minus                                 | ** (                 | 20                           | = /-              |       | X\$ 25=    | _ / _                                  | OR    | X\$50=            |                        |
| MEN  | Independent                   | * 3                                       | Minus                                 | ###                  | 3                            | =                 |       | X100=      |  | OR    | X200=             |                        |
| 4  | FIRST PRESE                   | ULTIPLE DEP                               | ENDEN                                 | T CLAIM              |                              | 1                 | +180= |            | OR                                     | +360= |                   |                        |
| •  | •                             | •   |                                       |                      |                              |                   |       | TOTAL      | <del> -/</del>                         | OR    | TOTAL             |                        |
|  | -                             |   |                                       |                      |                              |                   |       | ADDIT. FEE | <u> </u>                               | ٠     | ADDIT. FEE        |                        |
| M  |                               | (Column 1)                                |                                       |                      | JMN 2)<br>HEST               | (Column 3)        | 4     | ·          | ADDI-                                  | 7     |                   | ADDI-                  |
| AMENDMENTE                                     |                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                     | NUI<br>PREV          | MBER,<br>VIOUSLY<br>D FOR    | PRESENT<br>EXTRA  |       | RATE       | TIONAL<br>FEE                          |       | RATE              | TIONAL<br>FEE          |
| DME  | Total                         | *   | Minus                                 | **                   |                              | = .               |       | X\$ 25=    |  | OF    | X\$50=            |                        |
| MEN  | Independent                   | *   | Minus                                 | ***                  |                              | ]=                | _     | X100=      |  | OF    | X200=             |                        |
| ₹  | FIRST PRESENTATION OF MULTIPL |   |                                       | DEPENDENT CLAIM      |                              |                   | ١     | +180=      |  | OF    | +360=             |                        |
|  |                               |   |                                       | •                    |                              |                   |       | TOTAL      |  | OF    | TOTA<br>ADDIT. FE | L                      |
| , , ,  |                               |   |                                       |                      |                              |                   |       | ADDIT. FEE | L                                      |       | 20011.12          |                        |
| 7  | ·                             | (Column 1)                                |                                       |                      | umn 2)<br>GHEST              | (Column 3         | 3)    |            | ADDI                                   | ٦ ·   | ` <del></del>     | · ADDI-                |
| AMENDMENT                                      |                               | REMAINING<br>AFTER                        | <b></b>                               | PRE                  | IMBER<br>VIOUSLY<br>ID FOR   | PRESENT<br>EXTRA. |       | RATE       | ADDI-<br>TIONAL<br>FEE                 | -     | RATE              |                        |
| N E  | Total                         | AMENDMENT                                 | Minus                                 | **                   |                              | =                 |       | X\$ 25=    |  | OF    | X\$50=            |                        |
| MEN  | Independent                   | *   | Minus                                 | ***                  | د سيز                        | = .               |       | X100=      | 1                                      | OF    | X200=             | -                      |
| Ž  | FIRST PRESI                   | ENTATION OF I                             | AULTIPLE DE                           | PENDE                | NT CLAIN                     | M .               | لـ    | +180=      |  | OF    | 000               |                        |
|  | •                             |   |                                       |                      |                              |                   |       |            | ــــــــــــــــــــــــــــــــــــــ |       | L                 |                        |